

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 126Registered No. 166

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City MiamiNo. 137

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward \_\_\_\_\_  
If child is not yet named, make  
supplemental report, as directed.2. Full name of child Humberto Luna

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.male

## 4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes

## 7. Date

of birth March - 16 - 1930  
Month Day Year

## 5. No., in order of birth \_\_\_\_\_

## 8.

## FATHER

Full name Teodoro Luna

## 9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Ariz.

## 10. Color or race

Mexican11. Age at last birthday 40 years

## 12. Birthplace (city or place)

(State or country)

VeracruceJalisco - Mex

## 13. Occupation

Nature of Industry miner

## 14.

## MOTHER

Full maiden name Modesta Medina

## 15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 16. Color or race

Mexican17. Age at last birthday 30 (Years)

## 18. Birthplace (city or place)

(State or country)

VeracruceJalisco - Mexico

## 19. Occupation

Nature of Industry House wife20. Number of children of this mother 46(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 4(b) Born alive but now dead 2(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?Yes. Argonol

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 p. m. on the date above stated.  
(Born alive or stillborn)Signature J. J. Gomez

(Physician or midwife.)

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
supplemental report.

Month, day, year

Address P. O. Box 1666Filed March 3019 30

Registrar.

Registrar.